

Foster Family Home - Corrective Action Report

Provider ID: 2-120051

Home Name: Perla Valdez, CNA

Review ID: 2-120051-4

18-7842 N. Lauko Road

Reviewer:

Mt. View

HI 96771

Begin Date: 7/6/2016

End Date: 7/6/16

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA.

Compliance Manager

Perla Valdez

Primary Care Giver

7-6-16
Date

Date